



POSITION PAPER: Epinephrine Use by Pre-hospital Providers

**DATE: Approved by the Governor's Advisory Board
05-06-2005**

Definitions:

EpiPen® is an auto-injector designed to administer a measured dose of epinephrine to a person who is suffering from or about to suffer from an acute allergic reaction.

Background:

Epinephrine use by pre-hospital providers has shown to be effective and safe when utilized as part of a program developed to allow the early identification and treatment of serious allergic reactions. Increasing the pool of providers able to administer epinephrine in the field has shown to decrease the amount of time to treatment, particularly in rural settings where providers may be able to respond with epinephrine carried personally more rapidly than the nearest response vehicle. Enabling legislation has been passed in Virginia to allow pre-hospital providers to possess and administer epinephrine outside of the typical regulations pertaining to the possession, security, and administration of drugs by pre-hospital providers. This legislation has been vague in terms of identifying which certification levels of providers may possess and administer epinephrine, and specify that such a program will be developed by the EMS Advisory Board. The purpose of this position paper is to outline parameters for such a program.

Possession of epinephrine by pre-hospital providers will be considered to be part of a program developed locally and regionally, and endorsed by the providers' agency and operational medical director, and by the regional EMS Council. It will be expected to fall under agency and regional quality assurance and improvement programs, and may require development of additional training programs and documentation tools given the unique nature of the program.

This program refers only to the possession and administration of epinephrine by pre-hospital providers, and does not include authorization to possess and administer other medications that might play a role in the emergency treatment of severe allergic reactions, e.g. IV catheters and solutions, other medications such as antihistamines and corticosteroids.

Administration of epinephrine under this program would not require contact with on-line medical command.

Use of epinephrine will be considered to be one step in a continuum of care provided by the EMS system, with the expectation that the EMS system will be activated following local protocols and that transport units will be dispatched and respond as promptly as possible.

Providers able to possess and administer epinephrine under this program may include EMT-B, EMT-E (ST), EMT-I (CT), and EMT-P.

Pre-hospital providers (EMT-B) will be required to use an administration device that does not require the calculation or measurement of the dose of epinephrine, e.g. EpiPen®, EpiPen Junior®. Inclusion of basic life support providers in this program will require the development of regionally approved training program beyond their certification curriculum to address the assessment and medication administration skills needed to administer epinephrine independently.

EpiPen® and EpiPen Juniors® should be procured, stored, and distributed by the provider's agency under the specific authorization by their operational medical director. Prescriptions for epinephrine and administration supplies should not be written for individual providers for use as a part of this program.

The use of epinephrine by individual providers will be reflected in and managed by regional patient care protocols for anaphylaxis and serious allergic reaction. Indications for administration of epinephrine may include:

- Acute generalized urticaria
- Evidence of respiratory distress, e.g. wheezing, stridor
- Evidence of facial, oro-labial swelling, pharyngeal or laryngeal edema
- Evidence of peripheral malperfusion or hypotension

Lindbeck GH, Burns DM, Rockwell DD: Out-of-hospital provider use of epinephrine for allergic reactions: A pilot program. *Acad Emerg Med* 1995;2(7):592-596